

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 08/1703734	FILING DATE 01/16/97					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51	1				
2	/						52	3				
3	/						53					
4	/						54					
5	/	9					55					
6	/						56					
7	/						57					
8	/						58					
9	/						59					
10	/						60	1				
11	/						61	2				
12	/						62	2				
13	/						63	2				
14	/		11				64	2	1			
15	/		11				65	2	1			
16	/						66	2				
17	2						67					
18	/						68					
19	/						69					
20	/						70					
21	3						71					
22	2						72					
23	2						73					
24	/		12				74					
25	/		12				75					
26	/						76					
27	/						77					
28	/						78					
29	/						79					
30	/						80					
31	/						81					
32	3						82					
33	3						83					
34	1						84					
35	1	18					85					
36	3						86					
37	1						87					
38	1						88					
39	1						89					
40	3						90					
41	1						91					
42	1						92					
43	1						93					
44	1						94					
45	1						95					
46	1	1					96					
47	1						97					
48							98					
49	3						99					
50	/						100					
TOTAL IND.							TOTAL IND.	6				
TOTAL DEP.							TOTAL DEP.	83				
TOTAL CLAIMS							TOTAL CLAIMS	89				